## IOWA DEPARTMENT OF HUMAN SERVICES

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> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 09/30/11)

		(HOE	TUPI IOIMPS	WO OL 03/20/11)				
						AVERAGE		
					COST PER		ITS PER	COST PER
CATEGORY OF SERVICE	RECIPIENTS N		UNITS OF	TOTAL	UNIT OF		ECIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT	SERVED	SERVED
INPATIENT	6,164	6,400	38,991	\$39,204,740.21	\$1,005.48	\$81.65	6.3	\$6,360.28
OUTPATIENT	65,265	93,541	1,250,322	\$19,718,858.43	\$15.77	\$41.07	19.2	\$302.14
CHILD PART HOSP	1	0	0	\$18,600.00	\$0.00	\$0.07	.0	\$18,600.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	1	1	29	\$588.57	\$20.30	\$0.00	29.0	\$588.57
SKILLED NURSING FACILITY	892	924	11,806	\$2,312,814.44	\$195.90	\$4.82	13.2	\$2,592.84
INTERMEDIATE CARE FACILITY	11,209	11,789	343,368	\$39,500,721.73	\$115.04	\$82.27	30.6	\$3,524.02
INTER CARE MENTAL RETARDA	2,030	2,309	69,887	\$29,574,233.44	\$423.17	\$61.59	34.4	\$14,568.59
NURSING FAC FOR MENTAL ILL	50	52	1,481	\$454,576.10	\$306.94	\$1.91	29.6	\$9,091.52
HOME HEALTH	12,061	15,244	282,828	\$12,782,604.33	\$45.20	\$26.62	23.4	\$1,059.83
LEAD INSPECTION AGENCY	2	1	1	\$308.68	\$308.68	\$0.00	.5	\$154.34
PHYSICIAN	121,658	243,328	329,670	\$15,909,235.63	\$48.26	\$33.13	2.7	\$130.77
CLINIC SERVICES	21,761	28,848	27,640	\$3,845,450.66	\$139.13	\$8.01	1.3	\$176.71
MEP CASE MANAGEMENT	. 0	. 0	Ó	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$3,188,697.00	\$0.00	\$6.64	.0	\$0.00
LAB AND RADIOLOGICAL	17,421	23,927	41,810	\$803,379.17	\$19.22	\$1.67	2.4	\$46.12
HABILITATION SERVICES	3,487	7,922	111,420	\$5,575,742.20	\$50.04	\$11.61	32.0	\$1,599.01
REMEDIAL SERVICES	371,782	406,840	422,414	\$5,173,062.11	\$12.25	\$10.77	1.1	\$13.91
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	2,525	2,911	2,893	\$317,550.61	\$109.77	\$0.66	1.1	\$125.76
LOCAL EDUCATION AGENCY	1,082	2,605	281,105	\$2,771,945.77	\$9.86	\$5.77	259.8	\$2,561.87
EARLY ACCESS SERVICES	247	367	941	\$8,827.98	\$9.38	\$0.02	3.8	\$35.74
PRESCRIBED DRUGS	131,190	390,847	345,066	\$20,187,922.91	\$58.50	\$42.04	2.6	\$153.88
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	372,607	392,543	392,401	\$839,738.14	\$2.14	\$1.75	1.1	\$2.25
INDIAN HEALTH SERVICES	0	0.000	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	5,556	6,157	6,161	\$609,783.06	\$98.97	\$1.27	1.1	\$109.75
IOWA CARE MED HOME CAPITATION	0,000	0,10.	0,101	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	371,690	408,021	407,779	\$10,936,017.43	\$26.82	\$22.78	1.1	\$29.42
MANAGED SUBSTANCE ABUSE	0,1,050	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	o	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	6,257	6,853	6,827	\$1,308,296.93	\$191.64	\$4.88	1.1	\$209.09
HMO SERVICES	0,231	0,000	0,021	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	102	102	102	\$297,856.37	\$2,920.16	\$0.62	1.0	\$2,920.16
PATIENT MANAGEMENT	177,305	177,295	177,280	\$354,560.00	\$2.00	\$34.86	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,335	8,349	8,349	\$532,171.90	\$63.74	\$1.11	2.5	\$159.57
MEDICAL SUPPLIES	25,013	40,236	1,712,272	\$3,722,147.18	\$2.17	\$7.75	68.5	\$148.81
OTHER PRACTITIONER	16,560	25,304	64,412	\$2,738,524.79	\$42.52	\$7.75 \$5.70	3.9	\$165.37
FAMILY CENTERED PROGRAM	10,300	23,304	04,412	\$0.00	\$0.00	\$0.00		\$0.00
FAMILY CENTERED PROGRAM FAMILY PRESERVATION	0	0	0	\$0.00 \$0.00	\$0.00 \$0.00		.0	\$0.00
						\$0.00	.0	
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	27.806	22 200	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	27,806	33,209	33,474	\$4,676,193.94	\$139.70	\$9.74	1.2	\$168.17
OPTOMETRIST CHIRODRACTIC	13,201	15,043	15,672	\$888,019.65	\$56.66	\$1.85	1.2	\$67.27
CHIROPRACTIC	8,708	14,717	17,573	\$411,762.20	\$23.43	\$0.86	2.0	\$47.29
PODIATRIC	4,354	5,165	6,504	\$193,120.69	\$29.69	\$0.40	1.5	\$44.35
PHYSICAL DISABILITIES SVCS	720	941	28,974	\$376,635.86	\$13.00	\$0.78	40.2	\$523.11
BRAIN INJ WAIVER SERVICES	1,027	2,046	55,573	\$1,994,868.67	\$35.90	\$4.15	54.1	\$1,942.42

IAMM2200-R002 (MR-0-12) AS OF 09/30/11

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 09/30/11)

CATEGORY OF SERVICE								
					* * * * *	AVERAGI	E S * * *	* * * *
					COST PER	COST PER UI	NITS PER	COST PER
	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	UNIT OF	ELIGIBLE RECIPIEN		r RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT SERVED	SERVED	
PSYCHIATRIC	3,690	5,751	6,524	\$228,869.94	\$35.08	\$0.48	1.8	\$62.02
RESIDENTIAL CARE FACILITY	1,442	1,614	45,805	\$377,017.79	\$8.23	\$0.79	31.8	\$261.45
ID WAIVER SERVICE	10,410	20,241	689,977	\$30,858,855.87	\$44.72	\$2,797.21	66.3	\$2,964.35
CHILDRENS MENTAL HEALTH SVC	543	725	32,846	\$521,841.50	\$15.89	\$741.25	60.5	\$961.03
AIDS WAIVER SERVICES	38	64	3,203	\$34,568.23	\$10.79	\$909.69	84.3	\$909.69
ELDERLY WAIVER SERVICES	8,783	25,378	438,163	\$6,004,375.36	\$13.70	\$669.68	49.9	\$683.64
ILL & HANDICAPPED WAIVER SVCS	2,025	3,096	104,821	\$1,911,998.53	\$18.24	\$767.25	51.8	\$944.20
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	10,281	11,154	83,138	\$3,924,629.91	\$47.21	\$8.17	8.1	\$381.74
UNASSIGNED	27	0	0	\$1,137,916.86-	\$0.00	\$2.37-	0	\$42,145.07-
* ALL CATEGORIES *	412,762	2,441,860	7,899,502	\$273,953,797.05	\$34.68	\$570.55	19.1	\$663.71

\*\*\* END OF REPORT \*\*\*